

Childs Name: _____ Age: _____ Birthday: __ | __ | ____

Current Concerns:

1. Does your child have any of the following problems, more than other children of the same age?
 - Make careless mistakes, and show poor attention to detail?
 - Have a poor attention span?
 - Have problems with being spacey and not listening when being spoken too?
 - Not complete assigned tasks and does not follow through on instructions even if capable and motivated?
 - Have problems organizing his / her work or activities?
 - Show dislike, avoid, or refuse tasks that require concentration?
 - Lose things that he / she needs?
 - Have problems being forgetful?
 - Fidget or squirm while seated?
 - Leaves seat when remaining seated is expected?
 - Runs or climbs inappropriately or, if he / she is a teenager, feels restless?
 - Have problems doing things quietly or doing quiet things?
 - Seems to be always on the go, or like he / she is driven by a motor?
 - Talk all the time?
 - Calls out answers before the question is finished?
 - Have problems taking turns or waiting in line?
 - Interrupt or intrude on others?

When did these symptoms first appear? _____

Do these problems come and go, or are they mostly the same from one day to the next? _____

Are these problems getting better or worse? _____

Occur: Only at home __ Only at School __ or everywhere __ ?

2. Does your child regularly behave in the following ways?
 - Annoys easily by other, touchy?
 - Argues?
 - Defiance?
 - Angry, Resentful?
 - Loses temper, Tantrums?
 - Deliberately bothers others?
 - Spiteful, Mean?
 - Blames others for own mistakes?

On the average, how often does your child follow directions or requests the first time asked? (circle)

most of the time | often | sometimes | rarely | never

On the average, does your child eventually follow directions or requests? (circle)

most of the time often sometimes rarely never

3. Does your child regularly behave in the following ways?

- Bullies, threatens, Intimidates?
- Starts fights?
- Has used a weapon?
- Has been physically cruel to people?
- Has been physically cruel to animals?
- Has forcibly stone from a victim?
- Has forced someone into sexual activity?
- Has deliberately set fires, wanting to cause serious damage?
- Has deliberately destroyed someone else's property?
- Has broken into someone else's property?
- Often lies or cons?
- Has stolen without confronting a victim?
- Often stays out at night – beginning before the age of 13?
- Run away from home oversight at least once for a lengthy period?
- Often truant from school beginning before the age of 13?

When did these symptoms first appear? _____

Are these problems getting better or worse? _____

Occurs only at home __ only at school __ or everywhere __?

What have you tried to do to correct these problems? (circle)

Talking to your child | time out | removal of privileges | rewards | physical punishment | giving in

Which one of these has worked for you? _____

4. Does your child show any of the following symptoms or behaviors?

- Change of appetite and / or weight? __ increased __ decreased
- Change in energy __ increased __ decreased
- Sleep disturbance (describe) _____
- Worse concentration than usual
- Drop in school grades or performance
- Crying spells
- Unable to enjoy his or herself and / or loss of interest in usual activities
- Hopeless feelings
- Guilty feelings
- Stays by himself or herself, loner, isolative
- Low self-esteem, 'I hate myself' 'I'm stupid'
- Giving away his / her things
- Wishes to be dead, suicidal thoughts or behavior, self-injurious behavior
- Thinks about death and violence a lot
- Rage outbursts
- Bizarre behavior, hallucinations, paranoia
- Rapid, hard to follow, strange speech or thoughts
- Thinks he or she is the smartest, most powerful, most beautiful, cleverest person in the world

Have these problems been getting worse? _____ getting better? _____

5. In general, does your child:

- Worry that something terrible is going to happen to him / her?
- Worry that something terrible is going to happen to important adults in his or her life?
- Frequently refused or is reluctant to go to school or other places because of fear of separation?
- Frequently refuses or is reluctant to go to sleep without someone close by or to sleep away from home?
- Make efforts to avoid being alone, clingy?
- Have nightmares about separation?
- Have lots of physical complaints – headaches, stomach aches when separations occur or are anticipated?
- Worry about leaving home or parents leaving?
- Have panic episodes?
- Have intense fears or phobias?
- Have an extreme fear of meeting new unfamiliar children of his / her age?
- Have obsessions, compulsions, rituals, or habits?
- Worry too much? If so, are the worries:
 - to control for him / her?

When worrying, he / she:

- Is keyed up, restless, on edge?
- Is easily tired?
- Has trouble concentrating?
- Is irritable?
- Is tense?
- Has trouble sleeping?

6. In the past few weeks to months, has your child exhibited any of the following:

- Tourette's, motor tics, vocal tics, abnormal or unusual movements
- Feels he / she is too fat when the opposite is true
- Induces vomiting, takes diet pills or laxatives to control weight, binge eats
- Sexually inappropriate behavior
- Bedwetting
- Soiling

7. Describe your child's mood during the past several weeks: (for example, depressed, angry, anxious, suicidal, too high, happy, or other) _____

Do moods change quickly? Yes ___ No ___ If yes, explain:

Is your child's mood of the past several weeks different from their usual mood? Yes ___ No ___

Explain: _____

Strengths of Child:

- Good worker
- Patient
- Tolerant
- Learns from experience and consequences
- Makes good decisions
- Athletic
- Healthy
- Physically strong
- Coordinated
- Courageous
- Responsible
- Honest
- Creative
- Enthusiastic
- Adaptable
- Flexible
- Not easily upset
- Cheerful / Optimistic
- Follows directions
- Dependable
- Persistent / Determined
- Assertive
- Independent
- Average or above intelligence
- Good memory

Social Skills and Support:

- Liked by adults
- Close relationship with one or more adults
- Confides and seeks support from one or both parents
- Close relationship with one or more friends
- Liked by peers
- Appropriate choices of friends
- Confides and seeks support from one or more friends
- Cooperative
- Outgoing
- Caring
- Talkative
- Has one or more good role models
- Can compromise and share
- Nurturing towards young children
- Helpful, supportive
- Accepts comfort and guidance
- Expresses feelings and problems
- Respects others
- Takes care of pets
- Active in community (scouts, sports, church group, etc.)

Self-Esteem:

- Likes self
- Self-forgiving, doesn't dwell on mistakes
- Cares about future
- Feels capable
- Confident
- Recognizes own strengths and skills
- Cares about appearance

Other strengths of child:
